

**STATE OF NEW JERSEY
ASBESTOS SAMPLING WAIVER REQUEST
BUREAU OF SAFE DRINKING WATER
NON-TRANSIENT, NON-COMMUNITY WATER SUPPLIES**

This waiver request was prepared by _____ Title _____

Firm _____

Phone (____) _____ - _____ Date _____

Signature _____

Purveyor Name _____ PWS ID# _____

Municipality _____ County _____

Source of water _____ wells _____ surface water

Location of wells (Municipality) _____

Population Served _____ Approx. System Length _____

Does your potable water system contain any asbestos cement components or asbestos cement pipe? _____ Yes _____ No

If the answer is "Yes", complete the section below on water quality data.

Distribution System/ Water Quality Data

Length of cement asbestos pipe in system _____ feet

Approx. Percentage of cement asbestos pipe in the system _____ %

Total dissolved solids _____ mg/l pH _____ Langlier Index _____

Alkalinity (A) _____ Hardness (H) _____ mg/l (Both as CaCO₃)

Aggressive Index [pH + Log (AH)] _____ Type of corrosion control, if any
